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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of El Salvador

Proposed UNFPA assistance:	$6.3 million, $4.0 million from regular resources and $2.3 million from multi-bilateral and/or other, including regular, resources
Programme period:	5 years (1997-2001)
Cycle of assistance:	Fourth
Category per decision 96/15:	B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	4.0	2.3	6.3
Total	4.0	2.3	6.3

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EL SALVADOR

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	66.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	53.0	≥55
Access to basic health services (%)[3]	40.0	≥60
Infant mortality rate (/1000)[4]	46.0	≤50
Maternal mortality rate (/100,000)[5]	148.0	≤100
Gross female enrolment rate at primary level (%)[6]	70.6	≥75
Adult female literacy rate(%)[7]	67.8	≥50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*

[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*

[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*

[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*

[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*

[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*

[7] *UNESCO, Education for All - Status and Trends, 1994.*

Demographic Facts

Population (000) in 1995	5,768	Annual population growth rate (%)	2.2
Population in year 2000 (000)	6,425	Urban	2.9
Sex ratio (/100 females)	95.8	Rural	1.5
Per cent urban	45.0	Crude birth rate (/1000)	31.5
Age distribution (%)		Crude death rate (/1000)	6.5
Ages 0-14	40.7	Net migration rate (/1000)	-3.4
Youth (15-24)	22.3	Total fertility rate (woman)	3.59
Ages 60+	6.2	Life expectancy at birth (years)	
Percentage of women aged 15-49	48.5	Males	65.8
Median age (years)	18.8	Females	70.8
Population density (/sq. km.)	274	Both sexes	68.3
		GNP per capita (U.S. dollars, 1994)	1,480

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1994 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund proposes to support a population programme over the period 1997-2001 to assist the Government of El Salvador in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $6.3 million, of which $4 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $2.3 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This is UNFPA's fourth programme of assistance to El Salvador.

2. The proposed programme is based on the outcomes of the programme review and strategy development (PRSD) mission that visited El Salvador in September 1996. The PRSD was conducted in close cooperation with the Government and non-governmental organizations (NGOs). The proposed programme reflects the national policies and programmes articulated by the Government of El Salvador. It is harmonized with the programme cycles of UNDP and UNICEF and will be coordinated with the work of other United Nations agencies. The programme complements population activities being financed by the United States Agency for International Development (USAID).

3. El Salvador is committed to making reproductive health services universally accessible before the year 2015 by improving and expanding its primary health care system. The programme's overall purpose is to support this goal by fostering policy formulation and implementation, improving the quality of human resources and promoting behavioural changes. The national approach to population is being transformed from one based on maternal and child health and family planning (MCH/FP) to one based on a reproductive health, including family planning and sexual health, model. Under UNFPA's new system of resource allocation, El Salvador has been classified a category "B" country. While it has progressed in certain population-related areas, there is wide disparity between regions and socio-economic groups in reproductive health indicators, including fertility rates, maternal mortality and pre-natal care. The Fund's proposed programme is therefore targeted at improving reproductive health services in five underserved provinces and, nationally, to the specific goal of improving adolescent reproductive health and options. The programme focuses on reproductive health education and training and targets low-income and rural women and adolescent populations.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and the objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. The armed conflict in El Salvador during the 1980s impacted negatively on the country's development and worsened most social and economic indicators. In spite of macroeconomic advances related to the implementation of a structural adjustment programme since 1990, 48 per cent of Salvadoran households live in poverty. In northern provinces, 60 to 75 per cent of the households are poor. The population growth rate of 2.5 per cent is moderated by international migration, calculated at -0.3 per cent annually. El Salvador is the most densely populated country in Latin America. Urbanization is occurring rapidly: almost a third of the population resides in San Salvador.

6. Fertility rates vary dramatically according to income, education and location. The average number of children is 2.4 among educated and better-off women and 5.6 among poor and uneducated women; the average is 5 in rural areas compared to 2.7 in the capital. Half of all babies are born to mothers between 15 and 24 years of age. The contraceptive prevalence rate is 53 per cent, with female sterilization being the preferred method. Only 23 per cent of sexually active adolescents use contraception. The very limited use of condoms and male sterilization are symptomatic of a male-dominated culture. The national maternal mortality rate is estimated at 148 deaths per 100,000 live births, but survey data indicate that the number could be as high as 300 in some provinces. Only 40 per cent of the population have access to basic health services, and about a third of births are not attended by medical personnel or trained midwives. In rural areas, only 33 per cent of deliveries received attention from trained personnel. Abortion is illegal except for medical reasons, yet there are strong indications that abortions occur at high rates: for example, in the country's primary maternity hospital 23 per cent of interventions are related to complications arising from abortions.

7. As part of a decentralization strategy to address socio-economic challenges, the Government is working to increase the participation of civil society, community organizations and local governments in development projects. The Government and the United Nations system are together promoting the Sustainable Human Development Programme (SHDP) to encourage sound development in five extremely poor provinces. The targeted provinces are characterized by high maternal and infant mortality rates as well as high levels of adolescent pregnancy. Access to reproductive health and family planning services in these provinces is extremely limited, violence against women is frequent, and environmental degradation is severe.

Previous UNFPA Assistance

8. UNFPA's assistance to El Salvador started in 1973. The first country programme was approved in 1977 to support MCH/FP services and to strengthen primary health care in rural areas. The second programme covered data collection and analysis, formulation of population policies, MCH/FP activities, and information, education and communication (IEC). In 1989, the Governing Council approved the third country programme. This was extended through 1996. Due to the availability of

other funds that supported the provision of reproductive health and family planning services, the Fund altered its original programme focus and addressed instead the low demand for such services.

9. Two innovative approaches proved effective in increasing the demand for reproductive health services. First, through the National Secretariat of the Family, the Fund supported pilot projects to prevent adolescent pregnancy. UNFPA's recognized legitimacy and grounding in respect for human rights and the promotion of human well-being attracted the country's First Lady and the Archdiocese of San Salvador to get involved in those projects. Their involvement, in turn, legitimized the concept of reproductive health for a number of related institutions. Second, UNFPA supported a local NGO for IEC, counselling and service delivery to workers in a clothing factory. The outcomes of the project -- lower medical costs and reduced absenteeism -- convinced the company to manage the project. After only one year, it is now ready to take over the project's services.

10. A UNFPA-supported pilot project indicated that total fertility rates declined in rural areas when services were combined with IEC activities and community participation. This information was corroborated by the 1993 National Family Health Survey, which found similar results in urban areas. These experiences indicate the importance of involving national institutions with special strategic value, as well as the private sector, NGOs and other public and community institutions in population-related activities. The Fund's recognized legitimacy and its ability to respond flexibly proved advantageous during the third country programme.

Other external assistance

11. USAID has been the main contributor to reproductive health activities in El Salvador. From 1990-1996, it contributed $29 million to improve basic health services and reduce infant mortality. It provided contraceptives to the Ministry of Health and is supporting an association of 30 local NGOs to expand MCH/FP services in 422 rural parishes for 100,000 women. USAID also supports activities for the prevention of HIV/AIDS through a local NGO and through a Central American project in the amount of $23 million for the period 1995-2002. USAID mainly funds NGOs in areas with weak reproductive health coverage and is providing assistance to the Ministry of Health for needed supplies and the construction of facilities. As a complement to this, UNFPA's proposed programme will concentrate on providing technical assistance and training and will focus on five provinces in the poorer, northern part of the country.

12. Other donors in the health area are Japan, UNICEF, the World Food Programme, Germany, Canada, Italy, the Netherlands, Sweden and the European Union. The Salvadoran Demographic Association (ADS) is an NGO providing reproductive health and family planning services. An affiliate of the International Planned Parenthood Federation, ADS covers 15 per cent of the demand for contraceptives at the national level. It received funding from USAID in the amount of $27 million

for 1990-1998 to extend MCH/FP services to high-risk populations. ADS has entered in a cost recovery scheme, however, which limits access for low-income clients to its services.

13. As the country is now in a period of political stability, the allocation of both national and international resources will not be emergency driven. The Fund will seek to establish cooperation and coordination with other donors and institutions for the development of socio-demographic information systems, necessary for effective population planning and strategies. It will also work with other agencies of the United Nations to implement the SHDP in the five targeted provinces.

Proposed programme

14. The proposed programme focuses on education and training to improve the quality of reproductive health services, emphasizing women's self-esteem and empowerment and male involvement. The programme will be implemented through two sub-programmes. The first concentrates activities in five provinces where the SHDP will be executed, with a particular focus on low-income adolescents and young women. The programme will enhance human resources as a means to improve the quality of reproductive health services. It will also develop IEC activities to increase the demand for such services. The second sub-programme is national in scope and targets adolescents and youth. It focuses on IEC activities to foster sexual health and prevent early pregnancy. In order to provide a framework of action, the Fund will support policy formulation and the development of national guidelines and norms as well as a baseline survey against programme accomplishments can be measured.

15. The programme will address the managerial components of reproductive health by helping to train human resources at national and local levels. In order to produce qualified personnel to manage and maintain high-quality services, the programme will develop the training capacities of relevant national institutions. Service providers and health promoters, as well as officers of the Ministry of Health and the five local health systems, will be trained in reproductive health issues including strategic planning, management, quality of care, counselling, reproductive health technologies, gender sensitivity, male involvement and adolescent concerns. UNFPA will provide technical support from the Country Support Team headquartered in Santiago, Chile, and through short-term international consultancies to ensure the transition from an MCH/FP approach to one based on reproductive health. It will also facilitate cooperation with neighbouring countries.

16. The Fund will support selected activities in the area of reproductive health IEC, as part of the national SHDP, to be executed under the United Nations Resident Coordinator system. In the five provinces where the SHDP will be implemented, UNFPA's goal is that, by the end of the fourth country programme, 50 per cent of health care centres at the primary level will offer a full range of high-quality reproductive health services. Collaboration between the Ministry of Health, NGOs and

other public institutions will be encouraged to ensure that relevant IEC activities are implemented to promote the use of reproductive health and family planning services.

17. The programme will focus on achieving the national goal of increasing by 50 per cent the level of awareness on reproductive health matters within the adolescent and youth population and enhancing responsible reproductive health decision-making. A local university will be supported for organizing curricula and training in population IEC activities. UNFPA will provide and coordinate technical assistance for the national goal through its Country Support Team, international short-term advisers, and resident United Nations Volunteers. The Fund will also support selected pilot activities of strategic value and/or with clear replication potential in adolescent sex education, male involvement and empowerment of young working women.

18. Despite some innovative national policies and considerable external assistance, efforts to improve maternal and child health and increase family planning services have not produced the desired impact on population and development. This is partly attributable to weaknesses in strategic planning and management at central and local levels. The proposed programme will therefore support advocacy activities and training of national officers responsible for the planning and management of reproductive health services in the country. At the same time, the programme will support updating the qualifications of a group of national population education experts, as well as the replacement of those members leaving the labour force, in order to guarantee the advancement of population IEC and the conservation of national expertise sensitive to population and development goals, including environmental issues, and concepts. Taking into account the importance of the country's population team in implementing the ICPD goals, the new programme will help support an inter-institutional body at the highest political level to facilitate the implementation of the ICPD Programme of Action in the country. Such a body can help ensure coordination, complementarity and cooperation among the various entities involved in reproductive health, including government bodies, the private sector, NGOs and religious groups.

19. In order to ensure a better climate for programme implementation, UNFPA will assist the Government in the preparation and execution of an advocacy strategy aimed at achieving consensus and full commitment to the goals and objectives of the ICPD Programme of Action. Advocacy activities will involve the executive and legislative branches, the private sector, NGOs, religious organizations, universities, professional associations and the media. Advocacy work will focus on reproductive health goals, poverty alleviation, women's empowerment, the education of girls and women's literacy.

Implementation, monitoring, evaluation and coordination

20. The programme will be implemented primarily by government institutions and national NGOs as well as private companies (the maquilas). Community participation will be enhanced in all aspects

of the programme's implementation through the involvement of NGOs and other public institutions. Programme implementation will require technical assistance from national consultants as well as Country Support Team staff. The Vice-Ministry of External Cooperation will be in charge of monitoring the programme at the national level. To review programme implementation, periodic meetings will be held with the representatives from the Government, NGOs and the UNFPA local office. A mid-term review is foreseen in the year 1999.

Recommendation

21. The Executive Director recommends that the Executive Board approve the programme of assistance for El Salvador as outlined above, in the amount of $6.3 million over the period of 1997-2001, $4 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $2.3 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.